

Swim Lesson Registration Form

Participant Name: _____ **DOB:** _____ **Age:** _____

Participant Name: _____ **DOB:** _____ **Age:** _____

Parent/Guardian Name: _____ **DOB:** _____

Participant's Gender ☐ Male ☐ Female

Phone Number: _____ **Email:** _____

Street Address: _____ **City:** _____ **Zip Code:** _____

Resident: Yes / No (circle one):

Proof of Residency (South Miami Residents only)

Lesson Name: _____ **Course Number:** _____ **Course Time:** _____

I do hereby agree to the following: (Please initial after each statement)

- 1) Assume all risk of possible damage or injury through the use of the City of South Miami recreational facilities. _____ (Initial)
- 2) Agree to compensate the City of South Miami for any repair and/or replacement costs for damages to the facility or equipment as a result of my, or my child's, misuse of equipment. _____ (Initial)
- 3) Agree to indemnify, defend and hold the City of South Miami, its officers, affiliates, employees, successors and assigns, harmless from and against any and all such claims, suits, actions, damages, or causes of action arising out of my, or my child's, use of the City of South Miami facilities and/or equipment., or of the condition of the City's property, or as a result of my or my child's participation in any activity that is held on the property, including any personal injury or loss of life, or damage to or loss of property, and from and against any costs, attorney's fees, expenses or liabilities incurred in and about the defense or settlement of any claims, and the investigation thereof _____ (Initial)
- 4) Understand and agree to abide by all applicable rules and regulations. I further understand that I, or my child's, may be asked to leave the premises and may face suspension or termination of membership if I, or my child, fails to abide by these rules and regulations or any other reasonable request from the City of South Miami staff. _____ (Initial)
- 5) I certify that the participant named herein is in normal health. I understand that the City of South Miami only carries secondary health insurance and that my insurance bears primary responsibility for any illness or injury that occurs as a result of participation in this activity. Furthermore, I hereby grant permission for emergency medical treatment to be administered when necessary. I agree that I am financially responsible for any such treatment. _____ (Initial)

Emergency Contact & Medical Consent Form

List at least one person who may be contacted to pick up the child in an emergency if the child's parents cannot be reached,

Name: _____ **Relationship:** _____ **Phone Number:** _____

EMERGENCIES requiring immediate medical attention: your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature below authorizes the responsible person at the child care facility to have your child transported to that hospital.

At times our instructors take pictures in and out of the water with their students. I hereby give my permission for them and you to use images of my child (children) on social media, promotional, and / or advertising outlets (including but not limited to: Facebook, Instagram, Twitter, Website / Blog, Print media)

Yes _____ No _____

Print Parent Name: _____ **Date:** _____

Signature: _____

iSwim Academy

Waiver / Release of Liability

Please read carefully before signing.

This is a release of liability and waiver of certain legal rights.

I (the enrolled participant and / or the parent / guardian of the participant) agree and understand that swimming can be a hazardous activity. I recognize that there are risks inherent in the sport of swimming.

The participant and, if a minor, the participant's natural and/or legal guardian, hereby agrees to participate in the Learn-to-swim program and hereby agrees to indemnify and hold harmless iSwim Academy (hereinafter known as iSwim), its coaches, officers, directors, agent, and employees against any liability resulting from any injury that may occur to the participant while participating in the learn to swim program. The participant and, if a minor, the participant's natural and/or legal guardian, also agrees to indemnify iSwim for any damages it incurs and which arise out of any claims, demand, action or cause of action by the participant.

The participant and, if a minor, the participant's natural and/or legal guardian, authorize any representatives of iSwim to have the participant treated in any medical emergencies during their participation in the Learn-to-swim program. Further, the participant and / or parent / guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted any and all medical / health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN WHERE ADVISED WITH FULL ACKNOWLEDGEMENT OF ITS CONTENTS AND SIGNIFICANCE.

Sign and Print name: _____ Date: _____

(I have read and understand the Registration form and Waiver release)

For Office Use Only

Method of Payment: _____ Amount: _____

Staff Signature: _____